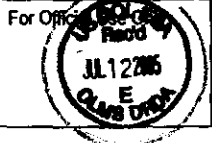


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - <u>3131</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
Name and address of person filing. Name <u>Charles E. Fisher</u> P.O. Box, Bldg., Room No., if any Street <u>104 COUNTY ROAD 532</u> City <u>ARGYLE</u> State <u>MO.</u> ZIP Code + 4 <u>65001</u>	4. Name, file number, and address of labor organization. Name <u>UAW Local 2379</u> Labor Organization File Number <u>FIN #3-1841330</u> P.O. Box, Building and Room Number, if any <u>Suite 203</u> Street <u>230 West Duuklin Street</u> City <u>Jefferson City</u> State <u>Mo.</u> ZIP Code + 4 <u>65101</u>
Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<input type="checkbox"/> Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Charles E. Fisher On 7-6-05 (523) 728-6207
Date Telephone Number

Form LM-30 (2003) Please be advised that, based on the records that are currently Page 1 of 2 in my possession related to the calendar year 2004, this report covers to the best of my knowledge, any LM-30 reportable Transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years. CF

Name of Person Filing	File Number U- 3121
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization _____</p> <p style="margin-left: 20px;">b. Trust _____</p> <p style="margin-left: 20px;">c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing. _____</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received. _____</p> <hr/> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Gerald Kretmar</p> <p>Trade Name, if any: Appleton Beatty, Kretmar + STOLZE</p> <p>P.O. Box, Bldg., Room No., if any Suite 900</p> <p>Street 8000 Maryland AVE</p> <p>City ST. LOUIS</p> <p>State MO. ZIP Code + 4 63105</p>	<p>14.a. Nature of payment. (4) CARDINAL BASEBALL TICKETS For JUNE 4, 2004 GAME</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$148.00</p>